



APPLICANT

Name (Owner/Applicant):			Business Name:		
Mailing Address:			Site Address (if different):		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:			Fax:		
Email Address:					
Water Supply - What is the source of your water? <input type="checkbox"/> Municipal/Community Water Supply: Account Number: _____ <input type="checkbox"/> Individual Well Permit Number: _____			Waste Water - How is your wastewater disposed? <input type="checkbox"/> Municipal System Account Number: _____ <input type="checkbox"/> Onsite Wastewater Permit Number: _____		
Bernalillo County Business License Number: _____ Expires: _____					

Permit Fee: \$50

By opting to become permitted, the permitted Home-Based Food operator expressly grants Bernalillo County the right to enter the domestic residence housing the Home-Based Food Operation during normal business hours, or at other reasonable times, for the purposes of inspection including the collection of food samples.

Owner/Applicant Signature:	Application Date:
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FOR OFFICIAL USE ONLY

Payment Method: ☐ Credit / Debit Card (Expiration Date): _____ ☐ Check (Number): _____

Date Received:	Receipt Number:	Permit Number:
Staff Assigned To:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Conditions * <input type="checkbox"/> Restrictions *

*Conditions/Restrictions/Comments:

OHSS Staff Approved: _____ Date: _____